

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY Caption in Compliance with D.N.J. LBR 9004-2(c)	
Steven J. Richardson, Esq. (SR2697) Law Offices of Steven J. Richardson, PC 40 Newton Ave. Woodbury, New Jersey 08096 (856) 686-9910 Attorneys for Debtors	
In Re:	Case No.: <u>16-27621</u>
Paul E. Prince	Adv. No.: _____
	Hearing Date: _____
	Judge: <u>JNP</u>

CERTIFICATION OF SERVICE

1. I, Steven J. Richardson, Esq. :
☒ represent the debtor in the above-captioned matter.
☐ am the secretary/paralegal for _____, who represents the _____ in the above captioned matter.
☐ am the _____ in the above case and am representing myself.
2. On May 30, 2018, I sent a copy of the following pleadings and/or documents to the parties listed in the chart below:

Order Reinstating Case
3. I hereby certify under penalty of perjury that the above documents were sent using the mode of service indicated.

Dated: May 30, 2018

/s/ Steven J. Richardson, Esq.
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Office of the United States Trustee One Newark Center - Suite 2100 Newark, NJ 07102	Trustee	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input checked="" type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Ms. Isabel C. Balboa, Esq. Cherry Tree Corporate Center 535 Rte. 38 – Suite 580 Cherry Hill, NJ 08002	Trustee	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input checked="" type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Mr. Jeffrey P. Fritz, Esq. Soloff & Zervanos 457 Haddonfield Rd. - Suite 540 Cherry Hill, NJ 08002 Attorney for Audra Fischer-Prince	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
M & T Bank PO Box 840 Buffalo, NY 14240-0840	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
<p>FEIN, SUCH, KAHN & SHEPARD 7 Century Drive - Suite 201 Parsippany, New Jersey 07054</p> <p>Attorneys for M&T Bank</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> E-mail</p> <p><input checked="" type="checkbox"/> Notice of Electronic Filing (NEF)</p> <p><input type="checkbox"/> Other _____ (as authorized by the court *)</p>
<p>Nationstar Mortgage, LLC PO Box 619096 Dallas, TX 75261-9741</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Notice of Electronic Filing (NEF)</p> <p><input type="checkbox"/> Other _____ (as authorized by the court *)</p>
<p>Ms. Laura Eggerman, Esq. RAS Citron, LLC 130 Clinton Rd. - Suite 202 Fairfield, NJ 07004</p> <p>Attorney for MTGLQ Investors/Nationstar Bank</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> E-mail</p> <p><input checked="" type="checkbox"/> Notice of Electronic Filing (NEF)</p> <p><input type="checkbox"/> Other _____ (as authorized by the court *)</p>
<p>Atlantic City Electric 5 Collins Drive - Suite 2133 Mail Stop 84CP42 Carneys Point, NJ 08069</p>	Creditor	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/RR</p> <p><input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Notice of Electronic Filing (NEF)</p> <p><input type="checkbox"/> Other _____ (as authorized by the court *)</p>

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Capital One Bank PO Box 71083 Charlotte, NC 28272	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Jefferson Capital Systems, LLC PO Box 7999 St. Cloud, MN 56302	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Office of the Public Defender 25 Market St. Trenton, NJ 08625	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
ECMC PO Box 16408 St. Paul, MN 55116	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)

* May account for service by fax or other means as authorized by the court through the issuance of an Order Shortening Time.

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Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Apex Asset 2501 Oregon Pike Lancaster, PA 17601	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Dr. Andrew Black 303 Main Street Woodstown, NJ 08098	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Carecentrix Patient Billing 9119 Corporate Lake Drive Tampa, FL 33634	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Dr. Grace U. Chung 17 W. Red Bank Ave. - Suite 205 Woodbury, NJ 08096	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Elmer Medical Center 501 W. Front Street Elmer, NJ 08318	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Inspira Health Network 333 Irving Ave. Bridgeton, NJ 08302	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Inspira Medical Center Woodbury, Inc. PO Box 95000-7130 Philadelphia, PA 19195-7130	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Inspira Medical Group 1120 Delsea Drive Glassboro, NJ 08028	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Kennedy Health System PO Box 48023 Newark, NJ 07107	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
M & T Bank PO Box 1288 Buffalo, NY 14240	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Quality Asset Recovery 7 Foster Ave. - Suite 101 Gibbsboro, NJ 08026	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)
Vineland Medical Center 1505 Sherman Ave. Vineland, NJ 08360	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> E-mail <input type="checkbox"/> Notice of Electronic Filing (NEF) <input type="checkbox"/> Other _____ (as authorized by the court *)